

ARIZONA STATE BOARD OF NURSING

SCHOOL NURSE INITIAL & RENEWAL CERTIFICATION INSTRUCTIONS

INITIAL CERTIFICATION

All Registered Nurses seeking **initial** certification through the Board to practice or continue to practice as a school nurse shall submit a completed application. The applicant must be currently licensed and in good standing as a Registered Nurse in Arizona.

Nurses who have **never** been certified as a school nurse in Arizona is not required to provide proof of educational requirements until renewal of certificate is required. Initial certification as a school nurse is valid for 3 years.

School nurses who were certified by the Department of Education (DOE) and who are applying for certification with the Board of Nursing shall **also** provide proof of completion of all of the following educational **requirements** for each level of completion.

RENEWAL REQUIREMENTS: Official sealed transcripts must be sent directly from the school or official documents verifying the educational requirements for the renewal level indicated on the front of the renewal application. If you have previously submitted documents that can be used to verify educational requirements for this renewal, you do not need to request or submit duplicate documents.

First Level

Requirements for applicants who have previously been certified as a School Nurse by DOE or have had initial certification for 3 years



Three semester hours in each:

- school nurse practice course
- physical assessment of the school-aged child course
- nursing care of the child with developmental disabilities

Initial Level and First Level certifications are good for three years.

Second Level

Requirements for School Nurses who have had one previous renewal with DOE or who have had **First** Level Certification for 3 years



A Bachelor of Science Degree in Nursing

OR

Three semester hours in:

- community health theory
- management theory
- either 3 semester hours of upper division
or graduate credit in nursing or health related subjects from a regionally-accredited institution, **or** 45 hours continuing education related to nursing practice

Second Level certification is valid for six years.

Third Level

Requirements for School Nurses who have had prior renewals with DOE, or who have had **Second** Level Certification for years, or who have had **Third** Level Certification for 3 or more years.



Six semester hours of:

- upper division or graduate credit in nursing or health related subjects from a regionally-accredited institution

OR

Ninety contact hours of:

- continuing education related to nursing practice

Third Level certification is valid for six years.

Subsequent renewal is valid for six years.

CITIZENSHIP/NATIONALITY/ALIEN STATUS DOCUMENTATION REQUIRED: Federal law, 8 U.S.C. § 1641, and a state law, A.R.S. § 1-501, require documentation of citizenship/nationality/alien status for licensure. If the documentation does not demonstrate that the applicant is a United States citizen, national, or has alien status, the applicant will not be eligible for licensure in Arizona. All applicants **must** submit documentation regarding their citizenship/nationality/alien status **with** their application. See attached list A & B for specific documentation required. A copy of the documentation you submit must be on 8 ½ x 11 paper.

FEES

Initial Certification

\$75

Renewal Certification

\$25

The **fingerprinting fee of \$50** for applicants who have not submitted a fingerprint card to the board within the past 2 years.

- Fees may be paid by money order or check and made payable to the Arizona State Board of Nursing. All personal checks **must** be pre-printed with your name and address.
- All fees submitted must be in US dollars and are not refundable.

FINGERPRINTING

- Pursuant to A.R.S. § 32-1606(B)(15), each applicant for **initial** certification is required to submit a full set of fingerprints with the completed application if you have not submitted fingerprints to AZBN within the past 2 years.

- If you download an application off the website (www.azbn.gov) and submit the completed application to AZBN, a fingerprint card will be mailed to you to complete when we receive your application. The fingerprint card you receive from AZBN **must** be the card you use for fingerprints, since it has specific agency data pre-printed on it.
- Please check your local phone directory for information on fingerprinting agencies.
- It can take 2-3 weeks to receive fingerprint results from the FBI. You cannot receive certification until these results are received.

FELONY CONVICTIONS: Pursuant to A.R.S. § 32-1606(B) (17), the Board shall revoke a nursing license or multistate privileges or deny licensure if the applicant has one or more felony convictions that have not previously been disclosed to the Board and has not received an absolute discharge from the sentences for all felony convictions five or more years prior to the date of filing an application. If this law pertains to you, your application will not be processed, and proceeding for revocation of your Arizona license or multistate privileges in Arizona or denial of your application shall be instituted by the Board.

REPORTING OF CRIMINAL CHARGES: Applications for licensure/certification must notify the board of criminal charges that may affect patient safety within 10 days of being charged. Further information is available on www.azbn.gov.

ADDRESS: The **home/primary state of residence** address must be completed if your address is different than the printed address in the shaded box of page one. This address must reflect where you vote, pay taxes or obtain a drivers license. The **mailing** address is optional. A.R.S. § 32-3801 states that a professional's residential address and phone number maintained by a professional board are not available to the public unless that is the only address and number of record. If you give a mailing address, your renewal notice, Newsletter, etc., would be sent to your mailing address.

NAME CHANGE: Pursuant to R4-19-307, a licensee shall notify the Board, in writing, or any legal change in name within 30 days, and submit a copy of the official document verifying the name change (copy of a birth certificate, social security card, diploma from school showing your **previous** name and a copy of a divorce decree, driver's license or social security card showing **new** name).

TIME FRAMES FOR CERTIFICATION:

The Board is required to process applications for certification within certain time periods. A.R.S. § 41-1073. The following definitions are provided to assist you in understanding the time frames below:

- Administrative completeness time frame: The number of days from receipt of an application until the Board determines that the application is complete.
- Substantive review time frame: The number of days following the administrative completeness time frame during which the Board determines whether the applicant **should** be certified.
- Deficiency notice:
Time to respond: Correspondence from the Board notifying the applicant that the application is incomplete and that information is missing.
The table below specifies the number of days an applicant has to respond to a deficiency notice.
- Comprehensive written request:
Time to respond: A request by the Board to the applicant during the substantive review time frame for additional information or documentation.
The table below specifies the number of days an applicant has to respond to a comprehensive written request.
- Overall time period: The total number of days from the Board's receipt of an application until the Board determines whether to grant certification. This time period includes the administrative completeness time frame, the substantive review time frame, as well as time to respond to a deficiency notice and comprehensive written request.

CERTIFICATION TIME FRAME TABLE

Type of Certification	Applicable Rule	Overall Time	Administrative Completeness	Deficiency Notice (time for applicant to respond)	Substantive Review	Comprehensive Written Request (time to respond)
WITHOUT INVESTIGATION						
SCHOOL NURSE CERTIFICATION	R4-19-308	150 days	30 days	270 days	120 days	150 days
WITH INVESTIGATION						
SCHOOL NURSE CERTIFICATION	R4-19-308	270 days	30 days	270 days	240 days	150 days

For more information regarding the time frames for certification, consult A.A.C. R4-19-102. For assistance with the application process for certification, contact Cristina Oates at (602) 889-5205. If you fail to respond to a deficiency notice or comprehensive written request within the applicable time periods, your application will be withdrawn. If you are still interested in obtaining certification, you must submit a new application and applicable fees.

ARIZONA STATEMENT OF CITIZENSHIP & ALIEN STATUS

All applicants must answer questions on the application regarding citizenship. A xeroxed copy of a document that shows evidence of your citizenship or alien status **MUST BE** submitted with your application for licensure or renewal. See List A or List B.

NOTE: SOCIAL SECURITY CARD AND DRIVERS LICENSE ARE NOT ACCEPTABLE DOCUMENTATION.

LIST A

Evidence showing U.S. citizen or U.S. national status includes the following:

a. Primary Evidence:

- (1) A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);
- (2) United States passport; current or expired;
- (3) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- (4) Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350), copies of which are available from the Department of State;
- (5) Form N-550 or N-570, Certificate of Naturalization (issued by the Service through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N-570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has changed);
- (6) Form N-561, Certificate of Citizenship;
Form N-650AA, Certificate of Citizenship, acquired citizenship at birth;
Form N-650AB, Certificate of Citizenship, derived citizenship upon naturalization of parent(s).
- (7) Form I-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
- (8) Form I-873 (or prior versions), Northern Marianas Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);
- (9) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have a FS-240, FS-545, or DS-1350); or
- (10) Form I-872 (or prior versions), American Indian Card with a classification code "KIC" and a statement on the back identifying the bearer as a U.S. citizen (issued by the Service to U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).

b. Secondary Evidence

If the applicant cannot present one of the documents listed in (a) above, the following may be relied upon to establish U.S. citizenship or U.S. national status;

- (1) Religious record recorded in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction) within three 3 months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;
- (2) Evidence of civil service employment by the U.S. government before June 1, 1976;
- (3) Early school records (preferably from the first school) showing the date of admission to the school, the applicant's date and U.S. place of birth, and the name(s) and place(s) of birth of the applicant's parent(s);
- (4) Census record showing name, U.S. nationality or a U.S. place of birth, and applicant's date of birth or age;
- (5) Adoption finalization papers showing the applicant's name and place of birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917, American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Marian Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction), or, when the adoption is not finalized and the state or other U.S. jurisdiction listed above will not release a birth certificate prior to final adoption, a statement from a state or jurisdiction approved adoption agency showing the applicant's name and place of birth in one of such jurisdictions, and stating that the source of the information is an original birth certificate;
- (6) Any other document that establishes a U.S. place of birth or otherwise indicates U.S. nationality (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);

c. Collective Naturalization

If the applicant cannot present one of the documents listed in (a) or (b) above, the following will establish U.S. citizenship for collectively naturalized individuals:

Puerto Rico:

- Evidence of birth in Puerto Rico on or after April 11, 1899 and the applicant's statement that he or she was residing in the U.S., a U.S. possession or Puerto Rico on January 13, 1941; or
- Evidence that the applicant was a Puerto Rican citizen and the applicant's statement that he or she was residing in Puerto Rico on March 1, 1917 and that he or she did not take an oath of allegiance to Spain.

U.S. Virgin Islands:

- Evidence of birth in the U.S. Virgin Islands, and the applicant's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927;
- The applicant's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932.

Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI)):

- Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time);
- Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or
- Evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time). Note: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen

d. Derivative Citizenship

If the applicant cannot present one of the documents listed in a or b above, the following may be used to make determination of derivative U.S. citizenship:

Applicant born abroad to two U.S. citizen parents: Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents, and evidence that at least one parent resided in the U.S. or an outlying possession prior to the applicant's birth.

Applicant born abroad to a U.S. citizen parent and a U.S. non-citizen national parent: Evidence that one parent is a U.S. citizen and that the other is a U.S. non-citizen national, evidence of the relationship of the applicant to the U.S. citizen parent, and evidence that the U.S. citizen parent resided in the U.S., a U.S. possession, American Samoa or Swain's Island for a period of at least one year prior to the applicant's birth.

Applicant born out of wedlock abroad to a U.S. citizen mother: Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the mother resided in the U.S. prior to the applicant's birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child's birth, in the U.S. or a U.S. possession for a period of one year.

Applicant born in the Canal Zone or the Republic of Panama:

- A birth certificate showing birth in the Canal Zone on or after February 26, 1904 and before October 1, 1979 and evidence that one parent was a U.S. citizen at the time of the applicant's birth; or
- A birth certificate showing birth in the Republic of Panama on or after February 26, 1904 and before October 1, 1979 and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.

In all other situations in which an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above categories, but is unable to present the listed documentation:

- If the applicant is in the U.S., the applicant should contact the local U.S. Citizenship and Immigration Service office for determination of U.S. citizenship;
- If the applicant is outside the U.S., the applicant should contact the State Department for a U.S. citizenship determination.

e. Adoption of Foreign-Born Child by U.S. Citizen

- If the birth certificate shows a foreign place of birth and the applicant cannot be determined to be a naturalized citizen under any of the above criteria, obtain other evidence of U.S. citizenship;
- Because foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. citizens, the applicant should contact the local U.S. Citizenship and Immigration Service office for a determination of U.S. citizenship, if the applicant provides no evidence of U.S. citizenship.

f. U.S. Citizenship By Marriage

A woman acquired U.S. citizenship through marriage to a U.S. citizen before September 22, 1922. Provide evidence of U.S. citizenship of the husband, and evidence showing the marriage occurred before September 22, 1922.

Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.

LIST B

Qualified Aliens, Nonimmigrant, and aliens paroled into U.S. for less than one year.

a. “Qualified Aliens”

Evidence of “Qualified Alien” status includes the following:

Alien Lawfully admitted for Permanent Residence

- *Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”); or
- Unexpired Temporary I-551 stamp in foreign passport or on *I Form I-94.

Asylee

- *Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- *Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (5)”;
- *Form I-766 (Employment Authorization Document) annotated “A5”;
- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or
- Order of an immigration judge granting asylum.

Refugee

- *Form I-94 annotated with stamp showing admission under § 207 of the INA;
- *Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (3)”;
- *Form I-766 (Employment Authorization Document) annotated “A5”;

Alien Paroled Into the U.S. for at Least One Year

- *Form I-94 with stamp showing admission for at least one year under section 212(d) (5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.

Alien Whose Deportation or Removal was withheld

- *Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (10)”;
- *Form I-766 (Employment Authorization Document) annotated “A10”;
- Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under §241 (b) (3) of the INA.

Alien Granted Conditional Entry

- *Form I-94 with stamp showing admission under §203 (a) (7) of the INA;
- *Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (3)”;
- *Form I-766 (Employment Authorization Document) annotated “A3”.

Cuban/Haitian Entrant

- *Form I-551 (Alien Registration Receipt Card, commonly known as a “green Card”) with the code CU6, CU7, or CH6.
- Unexpired temporary I-551 stamp in foreign passport or on *Form I-94 with the Code CU6 or CU7; or
- *Form I-94 with stamp showing parole as “Cuba/Haitian Entrant” under Section 212 (d) (5) of the INA.

Alien who has been Declared a Battered Alien or Alien Subjected to Extreme Cruelty

- U.S. Citizenship and Immigration Service petition and supporting documentation

b. Nonimmigrant

Evidence of “Nonimmigrant” status includes the following:

- *Form I-94 with stamp showing authorized admission as nonimmigrant

All nonimmigrants are not authorized employment.

c. Alien Paroled into U.S. for less than One year

- *Form I-94 with stamp showing admission for less than one year under section 212 (d) (5) of the INA



ARIZONA STATE BOARD OF NURSING
SCHOOL NURSE INITIAL CERTIFICATION &
RENEWAL APPLICATION

INITIAL ☐ RENEWAL LEVEL 1 ☐ 2 ☐ 3 ☐

RENEWAL DUE DATE / /

FEE: \$

AZ RN LICENSE# **R** **N**

CERTIFICATION # **S** **N**

AZ RN LICENSE

PLEASE PRINT YOUR INFORMATION IN ALL CAPITAL LETTERS

APPLICANTS NAME (the name you are currently certified with)

Last Name

First Name

M.I.

Former Name (s)

1. SOCIAL SECURITY NUMBER

BIRTH DATE (month/day/year)

Gender

BIRTH CITY

STATE

COUNTRY (ex. USA)

2. DO YOU HAVE A NEW NAME? ☐ No ☐ Yes If yes, fill in your new name. (Documentation is required)

Last Name

First Name

M.I.

3. HOME ADDRESS/PRIMARY STATE OF RESIDENCE (where you vote, pay federal taxes, obtain a drivers license)

Street Address Line 1

Street Address Line 2

County of Residence

City

State

Zip Code

4. MAILING ADDRESS (If different than home Address)

Street Address Line 1

Street Address Line 2

City

State

Zip Code

5. HOME PHONE

CELL PHONE

OFFICE USE ONLY

NURSIS Results: Neg Pos Initials _____

Certificate # _____ Date Issued: _____ Date Expired: _____

SNRA



NOTE: Initial certification does not require additional education beyond that required for RN licensure. Official Transcripts must come directly from the school or continuing education certificates for each course must be completed.

First Level

(Requirement for applicants who have previously been certified as a School Nurse by the Department of Education)

Three Semester Hours in each:

- ☐ School nurse practice course work
- ☐ Physical assessment of the school-age child course
- ☐ Nursing care of the child with developmental disabilities

Second Level

(Requirements for School Nurses
who have had one previous renewal
with the Department of Education)

- ☐ A Bachelor of Science Degree in Nursing

OR

Three Semester Hours in each:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Community Health Theory |
| <input type="checkbox"/> | Management Theory |
| <input type="checkbox"/> | Either 3 semester hours of upper division or graduate credit in nursing or health-related subjects from a regionally-accredited institution, or 45 hours continued education related to nursing practice |

Third Level

(Requirements for School Nurses
who have renewed with the
Department of Education more than
one time)

Six Semester Hours

- ☐ Upper division or graduate credit in nursing or health related subjects from a regionally accredited institution

OR

Ninety Contact Hours

- ☐
- Continuing education related to nursing practice

Initial Level and First Level
certifications are good for three
years.

Second Level certification is valid for six years.

Third Level certification is valid for six years. Subsequent renewal is valid for six years.

6. NURSING PROGRAM ATTENDED

Name _____

[illegible]

City

[illegible]

State

--	--

Zip Code

--	--	--	--	--

Degree

- Degree ☐ Licensed Practical Nurse ☐ RN Diploma ☐ RN Associates Degree ☐ BSN ☐ RN Masters

Date of Graduation
(month/year)

--	--

 /

--	--	--	--

7. Date first certified by Arizona Department of Education (ADOE)
(month/year)

--	--

/

--	--	--	--

(if applicable).

Number of renewals by Arizona Department of Education 0 1 2 3 4 **(circle one)**

8. Have you taken and passed a national certification examination? No ☐ Yes ☐

If yes:

Name of certification body Line 1

Line 2

Specialty/Category

Date of certification (month/year) / Expiration Date (month/year) /

9. CURRENT EMPLOYMENT OR PRACTICE SETTING

Title/Position

Employer's Name

Street Address Line 1

Street Address Line 2

Work Phone

() -

City

State

Zip Code

Employed From

/

10. Previous employer if current employment is less than 12 months.

Title/Position

Employer's Name

Street Address Line 1

Street Address Line 2

Work Phone

() -

City

State

Zip Code

Employed From (month/year)

/

To

/



11. CITIZENSHIP OR NATIONAL DECLARATION

Are you a citizen or national of the United States? ☐ No ☐ Yes

If yes, **submit with your application a legible xeroxed copy of one of the documents from List A**. See the instructions for List A.

Name of document you are submitting _____

Expiration Date, if any (mm/dd/yyyy) ____/____/____

If you are a citizen or national of the United States, go directly to Question 13. If you are not a citizen or national of the United States, complete question 12.

12. ALIEN STATUS DECLARATION

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Submit a legible xeroxed copy of the front and back of a document from the attached List B with your application.

“Qualified Alien” Status

- ☐ A. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
- ☐ B. An alien who is granted asylum under Section 208 of the INA.
- ☐ C. A refugee admitted to the United States under Section 207 of the INA.
- ☐ D. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- ☐ E. An alien whose deportation is being withheld under section 243(h) of the INA.
- ☐ F. An alien granted conditional entry under Section 203(a) (7) of the INA as in effect prior to April 1, 1980.
- ☐ G. An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
- ☐ H. An alien who has, or whose child or child’s parent has, been declared a “battered alien” or an alien subjected to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C § 1621(a) (2))

- ☐ I. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a) (15).

Alien paroled into the United States for less than one year (8 U.S.C § 1621(a) (3))

- ☐ J. An alien paroled into the United States for less than one year under Section 212(d) (5) of the INA.

Other Person (8 U.S.C § 1621 (c) (2) (A) and (C))

- ☐ K. A nonimmigrant whose visa for entry is related to employment in the United States
- ☐ L. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 49 U.S.C § 1901 et seq.];
- ☐ M. A foreign national not physically present in the United States.

Otherwise Lawfully Present (A.R.S. § 1-501)

- ☐ N. A person not described in categories A-M who is otherwise lawfully present in the United States. **PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure.**

To establish alien status, **submit with your application a legible xeroxed copy of one of the documents from List B**. See the instructions for List B.

Name of document you are submitting _____



APPLICATION QUESTIONS

Before answering the next question read the following: The fact that a conviction has been pardoned, expunged, dismissed, deferred, reclassified, redesignated or that your civil rights have been restored, does not mean that you answer this question “no”; you would have to answer “yes” and give details on each conviction.

13. **INITIAL APPLICANT ONLY** – Have you ever been convicted, entered a plea of guilty, nolo contendere or no contest, or have you ever been sentenced, served time in jail or prison, or had deferred prosecution or deferred sentence in any felony or undesignated offense?

☐ No ☐ Yes

If yes, provide a **written explanation** of the details of each conviction and sentence. Return the written explanation, a copy of the police report and court documents for each conviction indicating type of conviction, conviction date, and sentence including the date of absolute discharge of the sentence for each **felony** conviction with your application.

If you answer “yes” to this question, your application will not be processed until you provide proof that it has been more than 5 years since the sentence for each felony conviction has been **COMPLETED** or provide proof that the conviction was designated a misdemeanor.

14. **BOTH INITIAL & RENEWAL APPLICANTS** - Are you currently under investigation or is disciplinary action pending against your nursing license, certification or any other license or certification you hold in any state or territory of the United States?

☐ No ☐ Yes

If yes, include a detailed explanation and a copy of the paperwork regarding the current investigation or pending disciplinary action with your application.

15. **RENEWAL APPLICANTS ONLY** - Since your certification was granted or your last renewal, whichever is later, have you been convicted, entered a plea of guilty, nolo contendere or no contest, or have you been sentenced, served time in jail or prison, or had prosecution deferred or sentence deferred or probation deferred in any felony or undesignated offense?

☐ No ☐ Yes

If yes, provide a **written explanation** of the details of each conviction and sentence. Return the written explanation, a copy of the police report and court documents for each conviction indicating type of conviction, conviction date, and sentence including the date of absolute discharge of the sentence for each **felony** conviction with your application.

16. **RENEWAL APPLICANTS ONLY** - Since your last renewal, have you had any drug or alcohol related convictions?

☐ No ☐ Yes

If yes, provide a **written explanation** of the details of each conviction and sentence. Return the written explanation and court documents for each conviction indicating type of conviction, conviction date and sentence.

PLEASE BE ADVISED THAT FAILURE TO PROVIDE THE REQUESTED DOCUMENTS WILL DELAY THE PROCESSING OF YOUR APPLICATION

VERIFICATION BY OATH OR AFFIRMATION OR DECLARATION

The undersigned declares under penalty of perjury under the laws of Arizona, that he/she:

- Is the person referred to in the foregoing application;
- That the statements are true in every respect to the best of his/her knowledge;
- That he/she has not suppressed any information that would affect this application;
- That he/she will conform to ethical standards of conduct in the profession of nursing and obey the laws and rules of the Arizona Board of Nursing;
- That he/she has read and understands that failure to disclose the requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in denial of licensure/certification or disciplinary action, up to and including revocation, taken against an issued license or certificate
- Failure to disclose the requested information or disclosure of false or misleading information may also result in criminal prosecution.

Applicant's Signature

Date

REMEMBER TO ENCLOSE A COPY OF CITIZENSHIP OR ALIEN STATUS DOCUMENTATION ON 8 ½ BY 11 PAPER WITH THE APPLICATION.

RETURN TO: ARIZONA STATE BOARD OF NURSING
4747 N. 7TH STREET, SUITE 200
PHOENIX, AZ 85014-3655
(602) 889-5150
Our Website: www.azbn.gov

SNRB



RNs/LPNs/APs SAVE YOURSELF TIME AND FRUSTRATION...

Check these areas **before** returning your application.

ALL BLANKS MUST BE COMPLETED, EXCEPT THOSE MARKED OPTIONAL

GENERAL FOR ALL

- ☐ Your application is in black ink
- ☐ Primary Residence – i.e., this is the address where you vote, or pay federal taxes, or obtain a driver's license
- ☐ You enclosed a check (pre-printed with your name and address) or money order for the **correct** fees made out to Arizona State Board of Nursing
- ☐ You answered ALL QUESTIONS, signed application and dated it
- ☐ **Initial Applicants** (i.e., exam, endorsement): A fingerprint card will be mailed to you after we receive your application
- ☐ Citizenship/Nationality/Alien Status documentation is attached to your application.
- ☐ **Read the instructions for more details on these reminders. Thank you!**

EXAMINATION APPLICANTS

- ☐ **Examination fee \$300 – add \$50** fingerprint fee. If you have submitted fingerprints within the past 2 years, you do not need to resubmit another set of fingerprints.

ENDORSEMENT APPLICANTS

- ☐ **Endorsement fee \$150 – add \$50** fingerprint fee (If requesting a temporary license, **add \$50** for license fee)
- ☐ **Endorsement Applicants:** If you are requesting temporary license, you enclosed a photocopy of current license which shows an expiration date.
- ☐ If a graduate of a foreign nursing program, have submitted a copy of a letter from CGFNS/IERF/ERES with ID number.
- ☐ Verification from original (first) state of licensure has been requested & sent to Arizona State Board of Nursing

ADVANCED PRACTICE/SCHOOL NURSE APPLICANTS

- | | | |
|--|---|---|
| <input type="checkbox"/> Nurse Practitioner fee \$150 for each specialty listed on the application - need to add \$50 fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years. | <input type="checkbox"/> Prescribing & Dispensing Authority fee \$150 for initial application - need to add \$50 fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years. | <input type="checkbox"/> Clinical Nurse Specialist fee \$150 for each specialty listed on application - need to add \$50 fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years. |
| <input type="checkbox"/> CRNA Prescribing fee \$150 for initial application - need to add \$50 fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years. | <input type="checkbox"/> School Nurse Initial fee \$75 certification fee - need to add \$50 fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years. | <input type="checkbox"/> School Nurse Renewal fee \$25 certification fee |

ABBREVIATIONS OF STATES & TERRITORIES

AL	ALABAMA	IL	ILLINOIS	MT	MONTANA	RI	RHODE ISLAND
AK	ALASKA	IN	INDIANA	NE	NEBRASKA	SC	SO. CAROLINA
AS	AM. SAMOA	IA	IOWA	NV	NEVADA	SD	SO. DAKOTA
AZ	ARIZONA	KS	KANSAS	NH	NEW HAMPSHIRE	TN	TENNESSEE
AR	ARKANSAS	KY	KENTUCKY	NJ	NEW JERSEY	TX	TEXAS
CA	CALIFORNIA	LA	LOUISIANA	NM	NEW MEXICO	UT	UTAH
CO	COLORADO	ME	MAINE	NY	NEW YORK	VT	VERMONT
CT	CONNECTICUT	MD	MARYLAND	NC	NO. CAROLINA	VI	VIRGIN ISLANDS
DC	WASHINGTON DC	MA	MASSACHUSETTS	ND	NO. DAKOTA	VA	VIRGINIA
DE	DELAWARE	MI	MICHIGAN	OH	OHIO	WA	WASHINGTON
FL	FLORIDA	MN	MINNESOTA	OK	OKLAHOMA	WV	WEST VIRGINIA
GA	GEORGIA	MO	MISSOURI	OR	OREGON	WI	WISCONSIN
GU	GUAM	MP	NO. MARIANA IS.	PA	PENNSYLVANIA	WY	WYOMING
HI	HAWAII	MS	MISSISSIPPI	PR	PUERTO RICO		
ID	IDAHO						